

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

Sheet 1

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of

Attorney Docket Number 04645.1056

Examiner
Signature _____ **Date**
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1. Unique citation designation number. 2. Applicant is to place a check mark here if English Translation is attached.

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